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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/602839-Conf. #9461
		Filing Date	June 23, 2000
		First Named Inventor	Markus POMPEJUS
		Art Unit	1634
		Examiner Name	Frank Wei Min Lu
Total Number of Pages in This Submission	1	Attorney Docket Number	BGI-127CP

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	LAHIVE & COCKFIELD, LLP Lisa M. DiRocco - 51,619
Signature	
Date	June 21, 2004

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FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number	09/602839-Conf. #9461
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 23, 2000
		First Named Inventor	Markus POMPEJUS
		Examiner Name	Frank Wei Min Lu
		Art Unit	1634
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	BGI-127CP
1,280.00			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																	
<input checked="" type="checkbox"/> Deposit Account:																																			
Deposit Account Number	12-0080																																		
Deposit Account Name	Lahive & Cockfield, LLP																																		
The Director is authorized to: (check all that apply)																																			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																			
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FEE CALCULATION																																			
1. BASIC FILING FEE																																			
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th></th><th></th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001 385</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002 170</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003 265</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004 385</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005 80</td><td></td></tr><tr><td colspan="2">SUBTOTAL (1)</td><td>(\$)</td><td>0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)			1001	770	2001 385		1002	340	2002 170		1003	530	2003 265		1004	770	2004 385		1005	160	2005 80		SUBTOTAL (1)		(\$)	0.00		
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Lisa M. DiRocco	Registration No. (Attorney/Agent)	51,619
Signature		Telephone	(617) 227-7400
		Date	June 21, 2004

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